

**COMMUNITY SERVICES BLOCK GRANT
2008/2009 PROGRAM YEAR COMMUNITY ACTION PLAN
COVER PAGE**

TO: Department of Community Services and Development
Attention: Field Operations
700 North 10th Street, Room 258
Sacramento, CA 95814

FROM: Agency: **County of San Diego,
Health and Human Services Agency
Community Action Partnership**

Address: **1255 Imperial Avenue**

City: **San Diego, CA 92101**

Agency Contact Person Regarding Community Action Plan
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Name: **René G. Santiago**

Title: **CAP Director**

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CERTIFICATION OF COMMUNITY ACTION PLAN AND ASSURANCES
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The undersigned hereby certify that this agency complies with the Assurances and Requirements of this 2008/2009 Community Action Plan and the information in this CAP is correct and has been authorized by the governing body of this organization.

Board Chairperson

Date

Executive Director

Date